

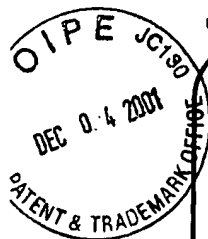
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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      **OR**      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number**      13701-154

**First Named Inventor**      Jon D. Kittelsen

**COMPLETE IF KNOWN**

**Application Number**      09/828,108

**Filing Date**      April 6, 2001

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOSITE MOUTHGUARD WITH NONSOFTENING FRAMEWORK**

the specification of which (Title of the Invention)

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

**04/06/2001**

as United States Application Number or PCT International

Application Number

**09/828,108**

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

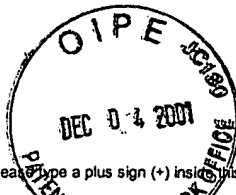
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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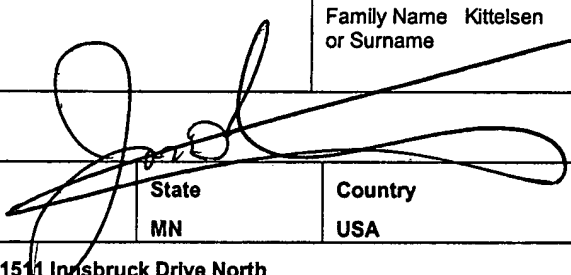
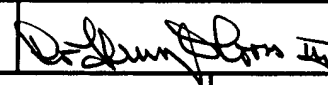
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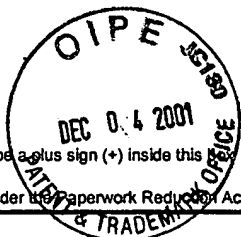
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	25862	OR	<input type="checkbox"/> Correspondence address below
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Jon D.		Family Name Kittelsen or Surname			
Inventor's Signature 		Date 6/29/2001			
Residence: City Fridley	State MN	Country USA	Citizenship United States of America		
Mailing Address 1511 Innsbruck Drive North					
Mailing Address					
City Fridley	State MN	ZIP 55432	Country USA		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Dr. Henry D.		Family Name Cross, III or Surname			
Inventor's Signature 		Date 6/25/01			
Residence: City Murrell's Inlet	State SC	Country USA	Citizenship United States of America		
Mailing Address 546 Old Field Road, Mt. Gilead					
Mailing Address					
City Murrell's Inlet	State SC	ZIP 29576	Country USA		
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> <b>Page 1 of 1</b>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Dr. Paul C.		Belvedere	
Inventor's Signature <i>Paul C. Belvedere</i>		Date <i>June 29, 2001</i>	
Residence: City	Edina	State	MN
		Country	USA
Citizenship United States of America			
Mailing Address 5824 Creek Valley Road			
Mailing Address			
City	Edina	State	MN
		ZIP	55438-1212
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mark		Herman	
Inventor's Signature <i>[Signature]</i>		Date <i>6-29-01</i>	
Residence: City	Minneapolis	State	MN
		Country	USA
Citizenship United States of America			
Mailing Address 1400 Lincoln			
Mailing Address			
City	Minneapolis	State	MN
		Zip	55403
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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